

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sierra House A & B	CHAPTER 98
Address: 4510 Sierra Drive, Honolulu, Hawaii 96816	Inspection Date: April 8, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure: services. (1) Individual records shall be kept on each resident which contain the following: Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file; FINDINGS Resident #4 – No current physical examination clearance certified by a physician or Advanced Practice Registered Nurse (APRN).	<p align="center">PART I</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p align="center">Yes, deficiency corrected. TIP RN contacted RESIDENT #4 PCP AND obtained most current Physical Examination WITH Review of systems (ROS). MAURICE HEATH ENCLINER DATE : MARCH 3, 2020.</p>	<p align="center">3/30/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure services. (1) Individual records shall be kept on each resident which contain the following: Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file; <u>FINDINGS</u> Resident #4 - No current physical examination clearance certified by a physician or Advanced Practice Registered Nurse (APRN).	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. Pre admission to date of admission - Sierra House registered nurse and Senior Residential Assistant (SRA) to admit consumer to residential services with a copy of physical examination (outside provider or psychiatric hospital medical clearance) dated no later than 12 months prior to admission date.</p> <p>2. If outside for services not established by date of admission, Sierra House RN and RA staff will remind consumer's case manager that an appointment and proof of physical examination must be submitted twenty-one (21) days of date of admission.</p> <p>3. RN to keep track of all consumer's date of annual physical examination and review monthly. RN and RA staff to provide written and verified reminder to consumer's case manager three (3) months prior to expiration date of annual physical examination, should consumer reside in housing part one year.</p>	<p style="text-align: center;">6/18/2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; FINDINGS Resident #1 – Physician ordered “Body Mint supplement 1 tab PO BID,” “Multivitamin 1 tab PO QD,” and “Calcium, Magnesium, & Zinc 1 tab PO QD.” No medication label on aforementioned medications.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Deficiency corrected. The nurse affixed medication label onto OTC medications with medication order, prescriber, and prescribing date. Correction for Resident #1 attached.</p>	<p style="text-align: center;">4/15/20.</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; FINDINGS Resident #1 – Physician ordered "Body Mint supplement 1 tab PO BID," "Multivitamin 1 tab PO QD," and "Calcium, Magnesium, & Zinc 1 tab PO QD." No medication label on aforementioned medications.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. Sierra House Registered nurse will verify signed physician order that consumer is authorized to take OTC medications on next onsite working shift.</p> <p>2. On the day of obtaining OTC medication, Sierra House RN will create and affix medication label onto OTC medication package and will provide following information: Name of consumer, medication name, medication order, physician prescribing medication, and date of prescribed order.</p> <p>3. Sierra House RN conducts medication supply checks once weekly - during this time, all OTC medications will be checked for required label.</p>	6/16/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. <u>FINDINGS</u> Molded box of baking soda found in kitchen refrigerator in House B.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes. Corrected deficiency. Discarded former box of baking soda and replaced with a NEW BOX.</p>	<p style="text-align: center;">4/8/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. <u>FINDINGS</u> Molded box of baking soda found in kitchen refrigerator in House B.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1. Sign-off log to be created for baking soda/fridge items check.</p> <p>2. Senior Residential Assistant (SRA) will replace both House A and House B baking soda every month. Sign-off as proof of completion by 1st of the month, 0830.</p> <p>3. 4pm - 11 midnight Residential Assistant staff (RA) will complete a refrigerator check prior to preparation of dinner by 1015 daily to ensure no items are molded and baking soda is not molded. Sign-off as proof of completion.</p>	01/18/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. <u>FINDINGS</u> House B refrigerator without working thermometer.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes. Deficiency corrected. Purchased and installed a new thermometer for House B. refrigerator.</p>	<p style="text-align: center;">4/8/20</p>

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<input checked="" type="checkbox"/> §11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. <u>FINDINGS</u> House B refrigerator without working thermometer.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TIP staff will conduct weekly temperature checks of all refrigerators, and observe and report working condition of thermometers.</p>	<p style="text-align: center;">4/29/20</p>

Licensee's/Administrator's Signature:



Print Name:

GREG PRYTON

Date:

6/19/20

Licensee's/Administrator's Signature:



Print Name:

GREG PRYTON

Date:

5/1/2020